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BALANCING CANCER CARE AND MATERNAL HEALTH: A CASE REPORT ON CERVICAL CANCER IN PREGNANCY

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ABSTRACT Cervical cancer is the most commonly diagnosed gynecological malignancy during pregnancy, mainly and the majority is in stage 1. It is probably one of the most challenging medical conditions, with the dual stake of treating the cancer without compromising its chances for cure, while preserving the pregnancy and the health of the fetus and child. The decision to delay treatment for cervical cancer during pregnancy or to pursue immediate treatment requires careful consideration of multiple factors, including cancer stage, fetal development, maternal health, and patient preferences. It is essential to engage in open and empathetic discussions with the patient, provide thorough counselling, and coordinate care among a multidisciplinary team to ensure the best possible outcomes for both the mother and the fetus.

KEYWORDS : Cervical Cancer, Pregnancy, Patient preferences.

INTRODUCTION

Pregnancy complicated with cervical cancer refers to patients diagnosed with cervical cancer during the current pregnancy as well as cases diagnosed 6–12 months after delivery.[1] The treatment strategy has gradually changed over the years from radical treatment with termination of pregnancy to more conservative approaches, allowing even fertility-sparing strategies [2,3] Cervical cancer is diagnosed in approximately 1-3% of cases during pregnancy or the postpartum period. Despite this, it remains a rare condition, with an estimated incidence ranging from 0.1 to 12.0 per 10,000 pregnancies.[4] Symptoms of cervical cancer, such as painless vaginal bleeding, pelvic and lower back pain, or urinary frequency, can mimic pregnancy-related issues, potentially delaying diagnosis. Moreover, in many cases, especially in developing countries, pregnant women may neglect antenatal care, which impedes early tumor detection and often results in the cancer being diagnosed at a more advanced stage.[5] Additionally, gynecological examinations are often restricted during pregnancy, increasing the risk of misdiagnosis. Consequently, obstetricians must remain vigilant for signs of cervical cancer in pregnant or postpartum women who exhibit concerning symptoms like vaginal bleeding. In such cases, close monitoring is essential, and gynecological assessments and cytology screenings should be performed as needed.

Case History

Patient Details:

- **Age:** 30 years
- **Obstetric History:** Para-2, Living-1, Death-1
- **HIV Status:** Positive

Presenting Complaint:

- Post-coital bleeding for 2 months
- No abdominal pain, dyspareunia, or foul-smelling discharge

Clinical Findings:

- Speculum Examination: Ulcerative cervical lesion (4x4 cm) with cauliflower-like growth, invading the upper third of the vagina, bleeding on touch.
- Per Vaginal Examination: Normal-sized uterus, fragile cervical mass (4x4 cm) on the posterior lip, right parametrium involved, left parametrium free.
- Per Rectal Examination: Rectal mucosa free.

Clinical Staging: FIGO STAGE 2B

Investigations: Ultrasound (4/2/23): Heteroechoic lesion in the posterior cervix, extending into the upper third of the vagina.

On 5/2/23 Patient was posted for cervix biopsy and was discharged and asked to follow up with MRI and HPR report.

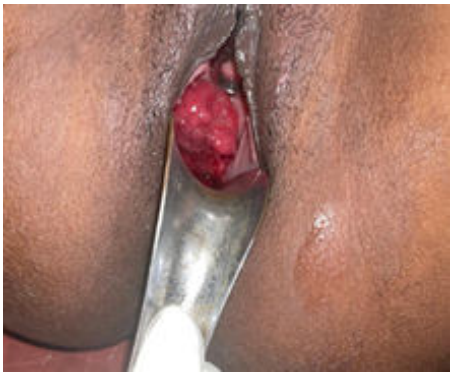

Fig 1- Per Speculum Examination

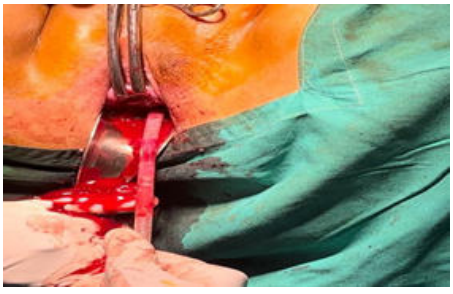

Fig 2: Intraoperative findings Cervical Biopsy

Imaging:

- **MRI (8/3/24):** Lobulated lesion (3.8 x 3.4 x 3.2 cm) from the posterior cervix, extending into the upper vaginal cavity and right parametrium s/o neoplastic aetiology, with a **tiny gestational sac (20 x 11 mm)** and trophoblastic reaction.

Histopathology Report:

Cervical Biopsy: Poorly differentiated adenocarcinoma.

Management Plan:

Patient was referred to TATA Cancer Hospital for expert opinion. After discussion and adequate communication with the patient and her families about the benefits and risks of relevant treatment protocols, a treatment plan was

established. Patient was advised termination of Pregnancy by medical method followed by chemotherapy. But as the patient wanted to continue pregnancy and she came 5 weeks later to JJ Hospital

Follow-Up **Ultrasound** (5 weeks later): Single live intrauterine gestation (10 weeks 6 days) with a well-defined heteroechoic lesion (3.9 x 3.2 cm) in the posterior cervix, extending into the upper third of the vagina consistent with neoplastic etiology.

Patient was explained risks and complications of continuation of pregnancy and was advised termination.

Patient underwent Suction and evacuation under Short General anesthesia on 31/3/23.

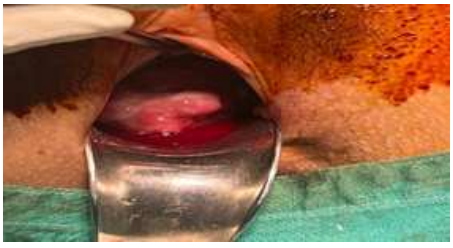

Fig 3: Suction and evacuation

Histopathological examination Report was suggestive of products of conception with poorly differentiated adenocarcinoma.

The postoperative course was unremarkable. Subsequently, the patient was admitted to the department of oncology in a private hospital and received three cycles of TP (paclitaxel + cisplatin) intravenous chemotherapy.

DISCUSSION:

This case highlights the complexity of managing cervical cancer in a pregnant patient, emphasizing the need for individualized treatment plans. Cervical cancer diagnosis during pregnancy poses several challenges, often leading to delays because symptoms such as bleeding are frequently attributed to pregnancy-related complications rather than cancer.

1. Delayed Diagnosis: Pregnancy-related symptoms can obscure the early signs of cervical cancer, leading to a delayed diagnosis. This can impact treatment timing and prognosis.

2. Prognostic Factors:

- **Clinical Stage**: The most critical prognostic factor for cervical cancer during pregnancy is the clinical stage of the disease. Advanced stages generally have a poorer prognosis.
- **Disease Progression**: Cervical cancer may progress more rapidly during pregnancy, making early diagnosis and timely intervention crucial.

3. Impact of Pregnancy on Prognosis:

- **Advanced Disease**: Evidence suggests that pregnancy can negatively affect the prognosis of advanced cervical cancer. The disease may progress more quickly, and the diagnosis made postpartum is often associated with a more advanced stage and decreased survival rates.

4. Individualized Treatment:

- **Counselling**: Affected women need thorough counselling regarding treatment options, prognosis, and potential outcomes. This ensures they are fully informed and can make decisions aligned with their personal values and preferences.
- **Patient Wishes**: Treatment decisions should be highly individualized, particularly during the later trimesters. Balancing the needs of the mother with the potential risks to the fetus is essential.

5. Multidisciplinary Approach:

- Coordination among oncologists, obstetricians, and other healthcare professionals is vital to devise a treatment plan that considers both maternal and fetal health. This approach ensures comprehensive care and informed decision-making.

CONCLUSION

Managing cervical cancer during pregnancy requires a delicate balance between addressing cancer progression and safeguarding fetal health. Early diagnosis, individualized treatment plans, and careful consideration of the patient's preferences are key to optimizing outcomes for both mother and child.

REFERENCES:

1. Nguyen C, Montz FJ, Bristow RE. Management of stage I cervical cancer in pregnancy. Obstet Gynecol Surv. 2000;55:633
2. Morice P, Narducci F, Mathevet P, Marret H., Daraï E., Querleu D. Recommandations de la Société française d'urologie gynécologique, de la Société française de chirurgie pelvienne et du Collège national des gynécologues et obstétriciens français sur la prise en charge des cancers invasifs du col utérin pendant la grossesse. Gynécologie Obstétrique Fertil. 2009;37:959–963.
3. Amant F., Halaska M.J., Fumagalli M., Dahl Steffensen K., Lok C., Van Calsteren K., Han S.N., Mir O., Fruscio R., Uzan C., et al. Gynecologic Cancers in Pregnancy: Guidelines of a Second International Consensus Meeting. Int. J. Gynecol. Cancer. 2014;24:394–403.
4. Howe T, Lankester K, Kelly T, Watkins R, Kaushik S. Cervical cancer in pregnancy: diagnosis, staging and treatment. Obstet Gynaecol. 2022;24(1):31–39. doi:10.1111/TOG.12783
5. Van Calsteren K, Vergote I, Amant F. Cervical neoplasia during pregnancy: diagnosis, management and prognosis. Best Pract Res Clin Obstet Gynaecol. 2005;19(4):611–630. doi:10.1016/j.bpobgyn.2005.03.002